

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	Lsh		02-08-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		17	2/2/6
FORMALITY REVIEW	AM	896	04/04/01
RESPONSE FORMALITY REVIEW	JH	1080	6-21-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/15/01
2	10/31/01
3	10/31/01
4	10/31/01
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50	10/31/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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